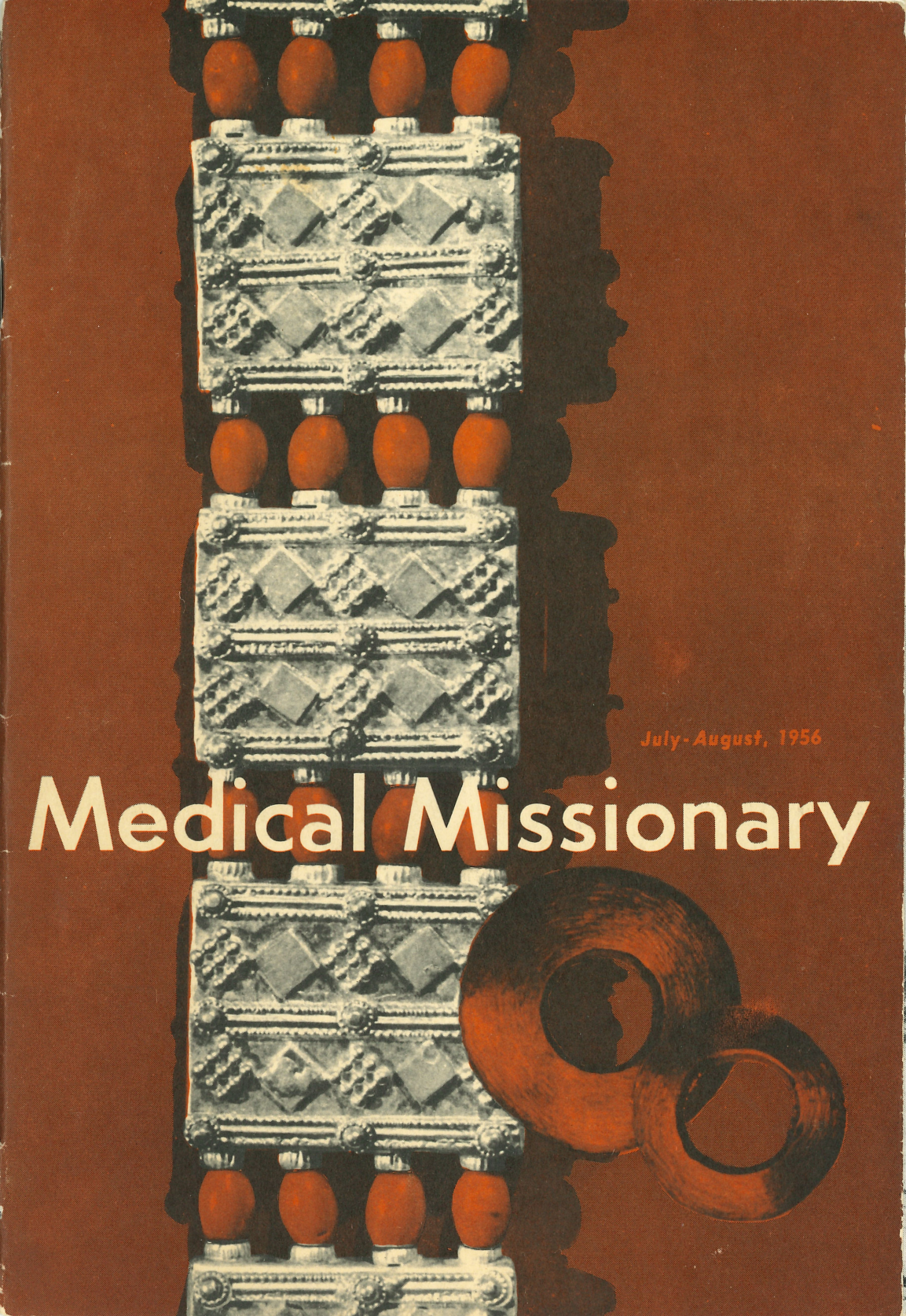

July-August, 1956

Medical Missionary

THE Medical Missionary

Published by the
MEDICAL MISSION SISTERS
Society of Catholic Medical Missionaries, Inc.
PHILADELPHIA 11, PA.

Vol. XXX No. 4 July-August, 1956
featuring — TRIBAL INDIA

COVER: Background — typical jewelry of an Ouraon woman in Mandar. Foreground — toe-rings

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pp. 110 (lower), 113, Puna Mission
pp. 122, 123, W. H. O.

THE MEDICAL MISSIONARY is published bi-monthly with ecclesiastical approbation, by the Society of Catholic Medical Missionaries. Subscriptions $2.00 per year; 2 years $3.00; 5 years $6.00. Entered as 2nd class matter Sept. 11, 1928 at the Post Office of Phila., Pa., under the act of March 3, 1879. Tel. Pilgrim 5-6022. Editor: Sr. M. Angelica; Art Editor, Sr. M. Lawrence; Business, Sr. M. Cabrini.

editorial

TRIBAL INDIA

The people of India are divided into two sections, Tribals and Non-Tribals, no matter how much they overlap. Strange to say, it is only recently that the majority of Non-Tribal Indians themselves, have come to realize that there is a Tribal India. Yet, they are the most ancient of India's sons and daughters, "flesh of her flesh, bone of her bone," as Father de Meulder, S.J., the great social leader for the aboriginals in Mandar, India, has expressed it. Hidden in their villages and forests, they number 26 to 30 million of the population. Today their development ranges from the Stone to the Atomic Age.

"Tribals are our own people," says Mr. Nehru, "what we (the Non-Tribals) need to do is to develop a sense of oneness with these people, a sense of unity and understanding . . .

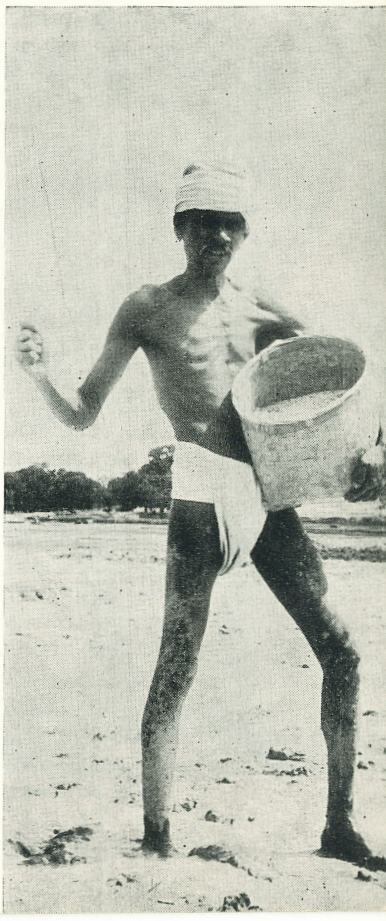
"Political integration is now complete . . . (the new Franchise of Free India extending to all adult aboriginals) . . . but the greatest problem of India today is not so much political, as psychological integration and consolidation. We must make them (Tribals) feel that we have come to give, not to take something away from them."

Yes, the psychological integration between Tribals and Non-Tribals must be cultivated. Different approaches to the problem have been suggested, but so far the real problems affecting the aboriginal—the very basis for friendship and cooperation—have not been touched.

Some advocate that the government should follow an isolation policy in regard to the Tribals—place them in special reservations where the tribes may be preserved in their original state, untouched by the rest of India. Thus they argue they will be protected from the bad contacts they have had in the past, with agents of other Non-Tribal cultures. This is known as the scientific or anthropological solution, but it sounds like "apartheid," so hated by the Indians themselves, in South Africa. They forget that the process of acculturation has been going on for thousands of years in the whole of India, influencing the tribal peoples as well as Non-Tribals. One cannot turn back the wheels of history.

Others go to the opposite extreme, suggesting assimilation of the aboriginal tribes with the neighboring Non-Tribal cultures. Sad experience has shown that this method often ends with the tribal being classed with the untouchables, with no rights at all.

Tribals in India have always been tillers of the soil.



The third school of thought believes in the integration of the aboriginal culture with Indian society. This is compatible with a diversity of cultures, as has always been the case in India—the Bengali, Martathi, Malabarese, and Telegu cultures have never lost their identity yet, form integral parts of the democratic Indian nation today. What the aboriginal wants is to work shoulder to shoulder, with non-aboriginals, as a free citizen of India.

In the new constitution, there *are* special provisions for the aboriginal, and the depressed classes of India. Article 46, obliges the States "to promote with special care the educational and economic interests of the Scheduled Castes and Tribes." Social leaders have been appointed for this task. But how many real attempts are being made by these leaders to study the individual tribes and their vital problems or *problem?* For it is only ONE—all honest social leaders know that the aboriginal stands or falls with his lands. What is the use of anthropologists to come and measure his skull, or for social workers to come and teach him the latest methods of rice plantation, if he has no land left which he can call his own? If the social workers were drawn from the Tribals themselves, they would be able to diagnose the disease from which they suffer now, as in the past—the expropriation of their lands.

In the past it was the zemindars (tax collectors) who took their lands and with it their culture. Now that the government of Free India has abolished the zemindari system, should not the land be restored to its rightful owners, the aboriginals — at least in economic holdings worthy of human standards, about 10 acres to a family? It is his rightfully; his ancestors are buried on the land. He is a tiller of the soil and is needed in India, a country of perennial famines. He should be the rightful leader of the "Grow more food campaign." With so much unemployment in India today, especially in the cities, many advocate that unless the Tribals be given land, they too, will trek to the cities—adding to the problem.

History shows that wherever the lands of the aboriginal have been protected, he flourishes—he is a healthy good citizen able to contribute to the welfare of and building up of his country. And Tribals want to have part in this work, they don't want to look on while everything they have is taken away from them. They have proven themselves worthy of this trust—in the past war they served their country as soldiers and doctors.

For an example of integration, and what can be accomplished for the aboriginal, and with the aborginal, when he is given the basic opportunities he needs, one has only to look to the Ranchi Mission in Bihar, India, and to its pioneer missionary, Father Lievens, S.J.

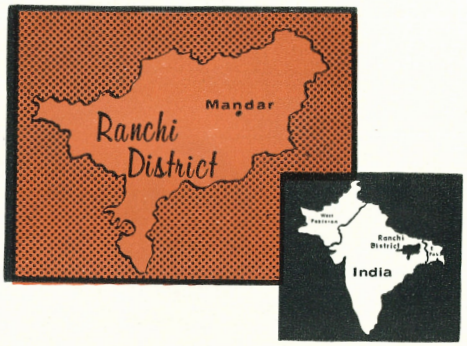
The story of this mission reads like a novel. It is a thrilling tale—spiritual, social and economic—of the liberation of a downtrodden people. Here in South Bihar, also known as Chota-Nagpur, as one aboriginal has summed it up so well, "Out of dying and dwindling tribes, our missionaries in half a century have made virile and vigorous races which face the future full of hope and courage."

The Belgian Jesuits continued Fr. Lievens' work. They built 800 schools from primary to College

level. They started rice banks and the famous Catholic Co-operative Society which has saved thousands of farmers from loan sharks —thus preserving their land preserving their land holdings. The Belgian missionaries invited the Medical Mission Sisters to this diocese of Ranchi, and Holy Family Hospital, Mandar was opened to care for their sick. Hitherto the Tribals "just died," without care. Holy Family Hospital has trained their own young men and women to be skilled surgeons, or capable and sympathetic nurses and given them a vital part in caring for their own.

Ranchi mission, or Chota-Nagpur, now two Catholic Dioceses, with its farms, schools, hospitals, cooperatives, churches — with two aboriginal bishops, is indeed a fine example of integration. The missionaries may be Belgans, Italians, French, Austrians, and Americans; the peoples—Tribals, their neighbors—Hindus and Muslims. Yet the missionaries have not changed the people's culture; they have enabled them to enhance it. They have not changed the Tribal languages, or their customs of eating, or their clothing, or their music. Here indeed, Tribals and Non-Tribals live together, and work together, as free people in a free India.

The men too, wear chokers in Mandar. (see cover)



THE MAN WHO FOUGHT THE ZEMINDARS

Rev. J. Vermaasen, S. J.

THE Mission of Ranchi, in India, in its present size comprises, in the civil State of Bihar, the southern 'Division of Chota-Nagpur,' and in the Madhya Pradesh (i.e. Central Province) State a number of former independent Native States which in the first years after the British withdrawal were incorporated into the Republic.

Chota-Nagpur has quite a peculiar physiognomy. It consists of numerous plateaus separated from each other by hilly ranges broken by ravines, gorges, defiles, through which during the monsoon, mountain torrents work their tortuous way. In the southwest, in particular, the scenery is of breathtaking beauty. Here, wide-open country, greatly cleared of woods, expansively undulating; there, hilly stretches, mountainous even in parts, still covered with primitive forests wherein lie hidden ravishingly peaceful valleys.

Into this earthly paradise, centuries ago, seeking refuge, came some of the aboriginal tribes, whom the Indo-European invasions from the North, had driven out before them. Laboriously, tenaciously, they hacked out fields in valleys and on hill slopes; conquered the forest step by step, ever on the alert against leopard, tiger, bear, snakes and scorpions; dividing their time between agriculture and the hunt. For several centuries they had their own 'political' organization, with each tribe under its own nominal 'king.' They were at peace with the neighboring tribes, but with whom, however, they entertained no relations.

Then came the vultures. Into the flourishing valleys, some blustering Rajas came to establish themselves with impressive retinues of followers and servants. By bullying and violence they started exacting homage and tribute from the unsophisticated aborigines, cowed them into clearing patches to make new fields for *them,* and tilling those fields as serfs. They compelled them to build roads, to serve as unpaid carriers for their travels, and beaters at their hunting expeditions, in a word, claiming all the rights of feudal lords. Even so, such was their style of living that the Rajas would sometimes find themselves in financial straits. The way out was then to give to their creditors, mostly Moslem traders, a number of villages in temporary lease *(thika)* exactly as if they were the proprietors *(zemindars)* of all the land.

When, in the 19th century, British legality began to be extended to Chota-Nagpur, it was taken for granted and written into

Rev. Constant Lievens, S. J.

the laws that the aborigines were mere tenants. Hadn't they always been paying tribute? That set the sluices wide open. Emboldened by the support of the law, the rapacious interlopers threw over all bounds, never giving any receipt vouchers to their illiterate victims. They claimed the 'rents' more than once and had the 'defaulters' pitilessly manhandled and even jailed.

It is beyond imagining how pitiable the condition of the defenseless peasants became — abject poverty, ruthless exploitation by *thikedars, zemindars* AND police . . . they, whose forefathers had wrested all the land from the virgin forest!

In the 1850's a Lutheran Society started mission work among the aborigines and spread some literacy among them. As a result, some years later, there finally bubbled up some kind of revolt, but relying as it did upon natural rights, it burst the bounds of legalism (according to British law) and was ruthlessly repressed.

In 1869 the Archbishop of Calcutta, of whose See Chota-Nagpur was then a part, heard in his turn of the existence of the aborigines and the success of the Lutherans among them. He sent a Father to scout around. Progress was slow.

Then Divine Providence took a hand, sending to Chota-Nagpur Father Constant Lievens, S.J., and through him, set off a movement of mass conversions that spread like wildfire from district to district, from tribe to tribe, over-running adjacent Native Kingroms.

It started from Father's boundless compassion for the utter helplessness of the exploited peasants all around. Illiterate, ignorant of their exact legal rights and duties, having no common language with the British administrators, to whom consequently they could not expose the real state of things, they were absolutely defenseless. Father

Ouraon mothers and babies, Ranchi.

Lievens started inquiring about and studying the codified laws of the land. Now, the village where Father intended to establish himself was also the seat of a police station, and Divine Providence had sent there an exceptional *jamadar* (police chief), one whose naturally kind nature had not been corrupted by greed. This *jamadar* knew all the ins and outs of the rent and labor laws, and was not averse to share his knowledge.

In nearly a year's time, Father Lievens, whilst exploring the villages and the people of his 'station' of Torpa and supervising the building of a residence for himself, acquired also a thorough knowledge of the laws. And when the people saw that the priest was in earnest about coming to reside in their midst, they soon came to him with their tales of woe. This was the hour of Providence.

Father Lievens would listen to them and discuss their cases with inexhaustible patience all day long and far into the night. He could tell them exactly what their legal obligations were, advise them what to avoid and where to stand firm: "Never pay without getting a receipt!", "That much unremunerated labor you have to furnish; never do anything more!" After a while he referred some cases to the courts, found a good lawyer for his protégés, and it was enough for him to win two or three cases, for the news to run all over the province and whole processions of complainants to come gathering around from a distance of 100 and 200 miles.

Whilst awaiting their turn to explain their cases, whole families learned the prayers of the new religion. And on their return to their villages they would teach the prayers and the doctrine to other families, neighbors, the whole village.

Frequently, Father would suspend his audiences for a few days, jump on his horse and go inspect the villages. He was amazed to find everybody knowing the prayers and asking for baptism. Headmen and leaders, and catechists, would then be appointed, and Father would go back to the crowds of complainants and his endless sessions at court.

1886 March: 400 Catholics
August: 1,500 Catholics
11 schools opened
1887 April: almost 5,000 Catholics
1888 August: 50,351 Catholics
1889 December: 73,263 Catholics!

It goes without saying that the enemy fought back tooth and nail. If the Fathers remained away from one district for a short time, rumors were spread that they had fled; manhandling and oppression raised a hundred heads. Isolated Fathers were ambushed, besieged, shot at, accused of violence—But the grace of God, too, was at hand.

Seven years of such relentless driving, and Father Lievens' iron constitution was in shreds. He was sent back to Belgium in the forlorn hope of a cure. He died in Louvain, Nov. 7, 1893 37½ years of age.

In 1927 a separate diocese of Ranchi was constituted.

1950: Catholics—346,578 plus 19,286 catechumens. Diocesan (aboriginal) priests—50 surviving, native nuns—172 alive.

The 13th of March, 1952 saw the crown put upon the Work, when an aboriginal was consecrated third Bishop of Ranchi—Bishop Nicholas Kujur, S.J. Father Lievens must have sung a special Hosannah.

CHRIST LIVES IN MANDAR

Sr. M. Richard, S. C. M. M.

Sr. M. Pius, R. N. and Tommy, one of the "well babies" left in our care.

THE village of Mandar consists of a Church, a school, a hospital and a half a dozen closet-like shops which almost go unnoticed. Smaller than Nazareth, a place unmarked on India's maps—seventeen miles from the nearest town—yet Christ lives in Mandar.

Because Christ was the great High Priest, the Mediator, His annointed ones, His priests, are there to offer up the One Sacrifice, to administer life-giving Sacraments. Because He taught, a school is there, because He loved little children, there is an orphanage; because He was always solicitious for the sick, the blind, and the lame, there is a hospital.

Holy Family hospital in Mandar is part of the land and its people. It was started in 1947 by a zealous Jesuit priest who was anxious about the health of his flock. Father de Meulder, S.J., who has spent most of his life working for the aboriginals, planted the seed of a hospital when he built a small shed-like structure that was crowded with patients even before it was officially opened. In those beginning days, the Sisters worked without the seeming necessities of running water and electricity. They went on bicycles across the fields to the homes of their patients. One night they had to complete an operation . . . the amputation of three fingers with the aid of a flashlight.

During the past nine years, Holy Family Hospital has grown to include several beautiful buildings, constructed under the direction of a Jesuit Brother builder. The hospital has changed, facilities improved, staff enlarged but the faith of the patients is ever the same.

They still come with child-like confidence. They are villagers who till the soil by old, old methods, poor men and women. They do not ask what will be done for their sick ones, what treatment given, what drugs administered. They know nothing of what it takes to run a hospital in a remote area. They have no idea of the training that it takes before a Sister is qualified to diagnose, to treat, to act as surgeon. They only know that in Holy Family Hospital, Mandar, are dedicated women — there to help. They expect to receive care in accordance with their trust.

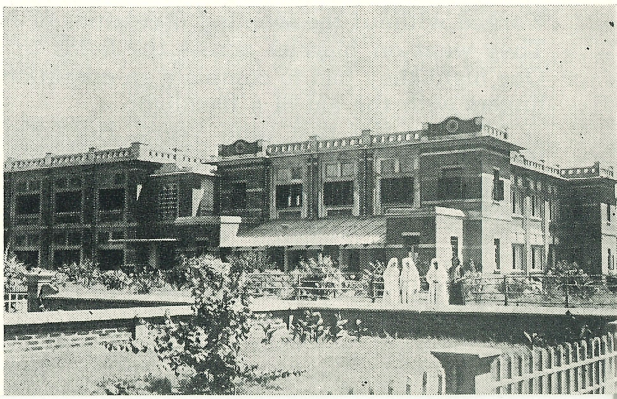
Many of Holy Family Hospital, Mandar's patients come as Lal did. She was carried on a string bed from her village nine miles across the fields. She was in pain before the birth of her first child. The village midwives had been unable to help so they told her husband to take his young wife to the Sisters' hospital. Lal was frightened. She had never been to a hospital before but she had heard of this place, and you could see the relief that comes with a smile, when the Sisters received her. Nurses, Indian girls of her own age, blessed with an abundance of compassion for the sick, came to her bedside to comfort her. Lal waited with greater patience for her baby's birth after their visit.

It was a difficult delivery. Mother and doctor worked hard before Lal could rejoice in the knowledge that she had brought forth a man child. But this tiny, brown, body wrapped in a sterile towel and held in the hands of a Sister doctor did not cry, but struggled for breath. There is such slight difference between life and death . . . a breath, a heart beat . . . Lal was unaware of what followed: Two Sister doctors keeping watch over her baby, giving mind and heart and hands to the task of keeping him alive . . . a group of nurses taking turns to give artificial respiration. Hot and cold tubs of water, hot water bottles and ever-attentive care substituting for the suction pumps and incubators, which the village hospital did not have. Never ceasing was the care given to Lal's little son.

Everything that could be done, was done, and the baby lived. One week after the birth of her son, Lal went back to her village. She was grateful, but she never knew the difficulties, the anxieties, the work, the prayers that had been showered upon herself and her son. Lal did not realize that such a small

(Continued on P. 119)

(left) Fr. De Meulder, S. J., walks with the governor at the opening of Holy Family Hospital, Mandar.
(right) One section of Holy Family Hospital today.



the Doctor's Diary

Sr. M. Frederic, M. D.

June 10, 1955

WE ARRIVED! It seemed like an endless ride from the railroad station, but it really was only 17 miles from the nearest town, Ranchi. The arrival seemed quite sudden because we seemed to be going across open country, past little villages, and all at once we saw a wall around a group of buildings. The gate opened and there was Holy Family Hospital. They say there is lots of surgery here—so I should be happy.

June 20, 1955

There are three operating rooms. We keep busy all morning except in the very hottest weather (125°) when only emergency surgery is done. We do everything here, except brain and chest surgery. The schedules really look like an American operating room except we have fewer appendectomies and tonsillectomies. Over 60% of the patients are surgical. It is most interesting.

June 22, 1955

We've posted a splenectomy and hip nailing for Tuesday. Today we did a sub-total gastrectomy, a common bile duct anastomosis, and yesterday an exploration of the neck. We were hoping to find a parathyroid tumor as an explanation of our patient's bone disease, but didn't. A year ago this would seem rash to me but there isn't a laboratory in 300 miles that can do the necessary tests. Believe me, it was hard to explain to the man that we wanted to operate on his neck when he had bone cysts on his legs.

July 5, 1955

A consultation case today. A young girl with pyonephrosis thought by her referring doctor to be T.B., by another, secondary to stone, and by another, a polycystic kidney. Exploration proved all three points so everyone was happy and we did the nephrectomy (removal of kidney). The family are refugees from Rawalpindi and knew our hospital there.

July 6, 1955

Surgery has been busy . . . we have had a different problem every-day. At least one major operation every day in the past week and, thank God, they are all doing well. Never would have dreamed that I would look at a chart, see a hemoglobin of 60% and say, O.K. for surgery. But it is the 30% hemoglobins that worry me. I have at least four such patients on my ward now (the women's ward). Some of the husbands are willing to give blood, but if they are not the right type, one seldom finds a donor. I long for the blood banks back home.

July 10, 1955

One of the Fathers chose last night to try to get off to heaven but just as Father Van de Velde was reciting: "Depart, Christian soul," in came Sr. M. Scholastica, M.D., with I.V. ouabain, and we converted him—I mean we converted the flutter of his heart to fibrillation. He's sitting up in bed today taking nourishment.

July 19, 1955

Really it is good to be working here. I must say we have some excellent nurses in the training school here. Sr. M. David does a splendid job with them and they are intelligent. They have a ghastly time understanding my English though, and I'm still helpless in Hindi, with both nurses and patients. It is terrible to be always using an interpreter. Well, I'm only here about six weeks, guess there is still hope.

November 9, 1955

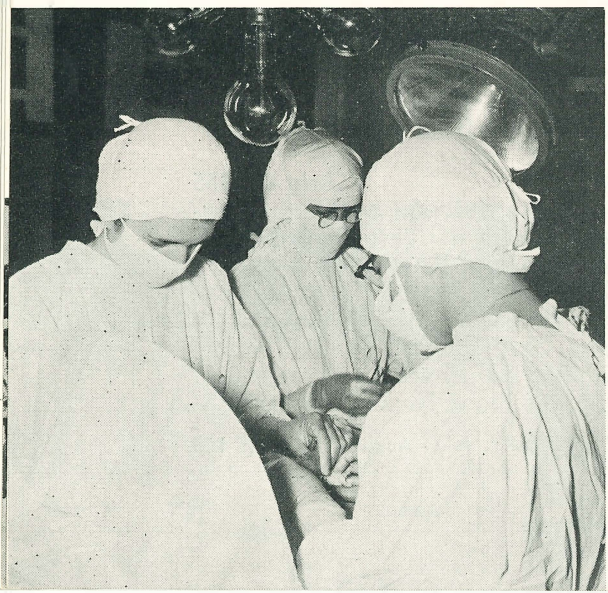
We went to Chybassa today, to bring back one of the missionary Fathers, ill with typhoid. What a marvelous thing it is to have chloramphenical available, though very expensive. I have seen about 10 severe typhoid patients pulled through that would never have made it in the old days.

November 15, 1955

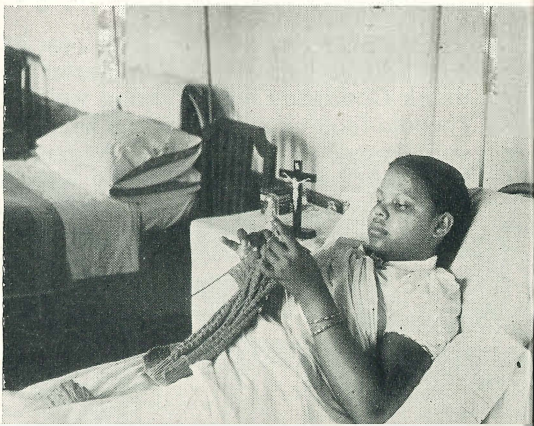
Our medical patients have either cardiac, renal or hepatic problems. Hypertension is fairly common. I am all for growing a little Rauwolfia in our garden too. For the rest we have our share of malaria, typhoid, cholera, and various problems of isolated edemas.

December 5, 1955

We have been very busy this month, doing at least three majors a day. We just finished an interesting pediatric surgical operation. Hornip, a sturdy fat baby six months old, came in with abdominal pain and vomiting for three days. His poor little tummy was tight as a drum. We made the diagnosis of intussusception and the operation confirmed it. We had to remove a large segment of gangrenous intestine — both small and large. When he came back from the O.R. with an I.V. running and a tube from every orifice, his poor mother nearly collapsed. It must be quite an experience to come to a hospital for the first time, especially for something like this. He was quite anemic and his total



Sr. M. Frederic, M. D., assisted by Sr. M. Barbara, M. D., removes a tumor.
(Below) An Ouraon student nurse recuperates.



proteins were low. His wound broke down because of this. We re-sutured it, and this time we forced eggs and meat down, regardless of (Caste) custom, saying it was the only medicine that would heal the wound. And it did heal.

January 15, 1956

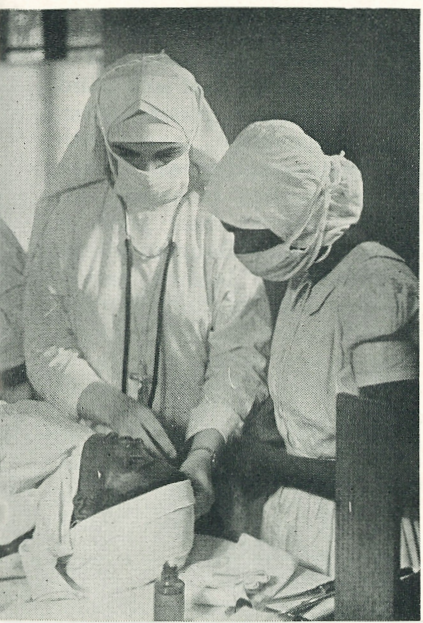
The pediatric wing is my special haunt. It consists of two large wards, the sick and well nurseries. In the well nursery we have the motherless youngsters left with us some months until they get a good start in life, till they overcome rickets and malnutrition. It is wonderful to see them develop. The sick nursery is always crowded with *mothers* and babies. Each mother brings her bedding and parks by the baby's crib. You could use a traffic director when the place is full of babies with malaria, typhoid and other fevers. We have our little surgical patients in a separate part of the ward, children with harelips, burn contractures, tonsils. Kishor who went home last week after his harelip repair was the first child of a 40-year-old mother. When she saw his harelip she almost died. Now she is happy and wants to kiss my feet because her son looks like other children.

February 10, 1956

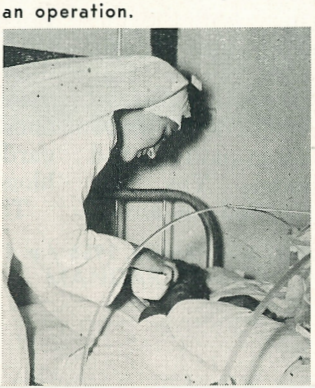
This morning a woman came to the dispensary in terminal tetanus. This is the second such patient in two weeks, although on the whole we do not see very much tetanus here. There is much more in Patna, especially of the newborn. With antitoxin and penicillin, the first patient is doing fairly well but it is still touch and go. We bought out all the antitoxin in Ranchi for the first patient. Sounds incredible! The second patient came too late; even with antitoxin she would not have made it.

March 19, 1956

Removed a parotid tumor today, that grossly appeared to be malignant. Yesterday it was a tumor too, a huge adenoma of the thyroid. Most of our operations are very serious problems . . . tuberculosis, ulcers, a number of Cesarean sections also. We do have variety—As Sr. M. Francis, M.D. wrote me a few years ago from Mandar, while I was still at Georgetown. "You name it, we have it."



Sr. M. Pius assisted by Ouraon Nurse anesthetist, checks a woman during an operation.



Sr. M. Scholstica, M. D., adjusts an I. V. for a cholera patient.

Reminiscences

Sr. Ignatius Marie, S. C. M. M.

NO, it isn't of 30 years nor of 60 years. It is only through nine years that my memory wanders back to the opening of Holy Family Hospital, Mandar. A nine years, full and overflowing with many memories — most of them, Deo Gratias, happy ones.

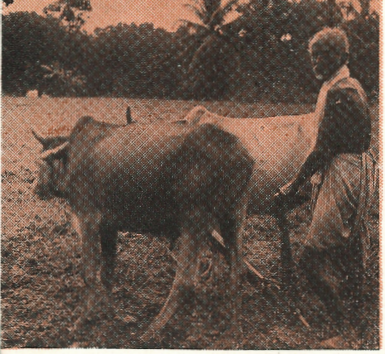
Today as I sit on the Convent veranda, I can see the scaffolding of the new 100-bed-ward building that is going up quickly—(We already have 150 beds.) thanks to a generous American benefactor, and I recall the picture that presented itself to Sr. M. Laetitia, Sr. M. Barbara and me, the day we arrived here. Two separate ward buildings with a capacity of 30 beds each and, nearer the road a third building, not yet completed, to house the Dispensary, Operating Rooms and Private Rooms.

There were six acres of land, such as was my idea of what might be found in the vicinity of Vesuvius or Aetna — a hard, dark gray, porous rock. There were not five houses visible from the Compound. Do you wonder that our first glimpse of the place brought forth the question, "Where will the patients come from?" The Angels must have had a good laugh at us for they did not have to wait, as we did for the answer. The answer? In nine years 24,000 in-patients and 170,000 out-patients! Yes, our doubts certainly merited the amused laughter of the Angels.

And what about that land that looked like volcanic rock? As if it were yesterday, I can see Bisun, an old Ouraon farmer from the nearby village of Hesmi, driving his bullocks and carrying his plough across the fields, as he came to start the work of making a lawn and a garden. The plough could not have been very different from the model used by Noah. The animals could not pull that plough through the earth—not even for six inches. This lot was formerly the site of the bi-weekly bazar and had been trodden hard by thousands of feet and indeed made firmer still by the hard bargaining that goes on constantly in any Indian bazar. Poor Bisun went home that day for there was no ploughing to be done.

It took a group of coolies with kudalis, the local equivalent of a pickaxe, to break up that soil. And now it is completely grassed over, a highly respectable lawn with flowering bushes and trees. There are still poinsettias blooming, although they are at their peak at Christmas time. Bougainvilleas, kept trimmed as bushes rather than as vines, flaunt their purple, scarlet and peach colored blooms amid the waxy green bushes of gardenias now full of fragrant blossoms.

The scene is not of beauty only



Bisun, an old Ouraon farmer ploughing across the fields.

"He's carrying this haystack to market. I can't lift it."

Ouraon nurses crossing the Mandar garden. They are some of the finest in India.

Where did all the patients come from, wondered Sr. Ignatius Marie?

Nand Kishor and Sr. M. David enjoy the picture taking.

Angela explains to her doctor, Sr. M. Frederic just how her toy works.

Making bricks is cheaper than transporting them from 17 miles away.

Sr. M. Evelyn, in raincoat helps the Dhobie load his donkey with the laundry.

MANDAR 1947-56

for it evokes memories of kind friends who gave us the seeds, or the cuttings or the young trees which today add so much to the place. Not one was bought, I assure you.

The early days! What tales they recall! I can still see Sr. M. Barbara apologizing to a patient because we had no beds (first beds arrived some ten weeks after the hospital had opened). He listened attentively to her halting Hindi and responded, "But Mother *Sahib*, we do not have beds at home." That settled that detail.

There was Dulari, whom we saw being helped off a bus one evening by two folks, who proved to be her husband, Prem Chand and her mother Ram Saki. A real argument followed with the bus driver. Dulari was ill (tetanus) and they had put her on the bus *for Ranchi* and paid for three tickets to Ranchi. En route, the whole bus load had discussed her condition (tetanus is no stranger to them) and the consensus of opinion was that they had better take her to that new hospital in Mandar. The fare to Mandar is eight annas less and Ram Saki was determined to get back the Rs. ⅛. That the driver had written tickets to Ranchi made no difference to her. The driver solved the problem by driving off leaving them without a refund.

Tetanus anti-toxin is not cheap and Dulari got plenty of it. She had only a very small cut on her foot but the tetanus germs that had gained entrance to her body were potent. The majority of tetanus cases die but Dulari was fighting to live and Ram Saki and Prem Chand were devoted to her and cooperated in every way possible. They were poor — there was no doubt about it. We spared nothing in our efforts to save her.

One day, shortly after Sr. M. Barbara had announced that Dulari was definitely on the mend, Prem Chand disappeared. Ram Saki told us that he had gone home to get money for the bill.

"But no one gave you any bill," we said. "No," she replied, "but you gave my daughter many injections and we know that they cost a lot in the shops." Sure enough, the second day later, Prem Chand returned and presented us with 60 rupees, (like $60 to them).

"Where did you get this?" I asked. "I sold three goats," he said "and if that is not enough, I will sell my last pair." "No, no, this plenty," said I, as I gave him a stamped receipt for full payment. Inwardly I hoped that the pair would multiply until he had as many goats as his Rs. 60 differed from the cost of Dulari's treatment. Then he would surely be a wealthy man. More than once that memory has salved the hurt caused by some who could have paid their hospital bill but preferred to slip out without paying when there was no one around to prevent them. No more from that angle for these are happy memories.

As might be expected Christmas is always a source of such joy. And it seems as if each succeeding one brings increased happiness. About the middle of last December, a Ranchi doctor brought his eight-year-old daughter in for a tonsillectomy. They were both very much taken with the 14 babies in our "Well Nursery." These children lost their mothers at birth or shortly after and their respective fathers, being unable to care for such small babies, brought them

from far and near to us. We keep them until they can walk and eat rice and then they go back home.

The doctor decided that his child did not need the two doll houses that she had—one would do her and the other one would make our little ones happy. Christmas Eve, the doll house arrived, spick and span and spotless. Another generous friend found a lovely toy automobile in a shop and that too arrived here the day before Christmas.

There was nothing short of bedlam in the well nursery on Christmas morning—the girls around the doll house and the boys around the little car. To this day, the two gifts are a constant source of pleasure for the little ones and I must confess to the Sisters too.

Yesterday Mohammed Hanif turned up. Time was when he was greatly concerned about his 16-year-old son, Abdul, who was ill with abdominal tuberculosis. It is all of seven years since Sr. M. Barbara operated on Abdul but father and son have returned at least thrice yearly so that Sister may see how well and strong Abdul is. Their thanks and the blessings they beg Allah to bestow on us only increase with the years.

Nor can I forget Jura, a young Ouraon farmer from Malti, closeby, who came to thank us for caring for his baby daughter, who had pulled over a pot of boiling water on herself. He carefully explained that he had no money to give us but he brought us something else. Opening a basket, which he carried, he carefully lifted out a wooden flat which contained about 100 papaya trees—no more than two inches tall.

"Here," he said "these will give you fruit long before those mangoes and litchis that you planted yesterday will." He was correct for the papayas were bearing within one year. Today the second and third generation of those same papayas are laden with fruit in the orchard behind the convent, while the litchis are bearing this year for the first time.

There are many tokens of gratitude (expressed otherwise than verbally or by note) wandering around here. A peacock struts proudly up the side garden, while the ducks and geese are enjoying themselves in the irrigation tank. The six buffaloes are munching contentedly in the shade of the sal trees, while the three turkeys are gobbling away in the distance. All of these as well as the chickens and pigs were gifts to us. There are, indeed, countless ways of saying "Thank you."

In the farthest corner of our property (it has grown from six to twenty-nine acres) the brick makers are busy. The tall smoke stacks seem out of place in the peaceful countryside, but making bricks is far cheaper than buying them, especially when buying them means transporting them 17 miles. We should have enough bricks in this lot, to build the Nurses' Home, the Dispensary and new kitchen—all of which await the completion of the ward building.

Yesterday, having had an overdose of troubles with trucks and hauling problems, I said to Sr. M. Frederic, "I hope I live to see the day that Mandar will be finished building." "But Sister," she replied, "just think how monotonous it would be."

Now that is a thought! Who would trade such memories for monotony? Not I.

the Ouraons and their Beliefs

Rev. J. Bulckens, S. J.

THE Ouraons are a tribal people of Dravidian stock, numbering some five million, who inhabit the Chota-Nagpur plateau of peninsular India. It is believed that they took to this wooded region in order to evade the Arian invasion from the Northwest. Ethnically and socially, they are distinct from the Hindu conqueror.

The Ouraon's outlook on life is built on and around a belief in devils. They also accept a Supreme Spirit who they call "Dharmes," but as he is a good spirit, he gets very little attention. They, on the contrary, are all intent to placate the innumerable devils inhabiting this world. The devils cause all the evil, all the suffering, and the pain.

Each Ouraon village has a "pahaan," or village sorcerer, who sacrifices for the whole village according to the seasons. Special fields are attached to that office, known as "pahaan fields." The "Pahaan" sacrifices in the village "sarna", which is ordinarily a cluster of sal-trees on a small elevation. Ouraons have no temples in which to worship.

Next to the "pahaan," there are innumerable "deoras." These men are called to cast out devils.

Each Ouraon keeps in his own house, or if he can afford it, in a room specially reserved for that purpose, a "keter-nad", that is, the devil worshipped by his ancestors and tied up with the family fortune. The devil is supposed to live in a weird construction, made up of all kind of ingredients. The whole thing, as big as a football, is tied to the roof. Under it, against the wall hangs the "keter", a kind of shovel basket. There the Ouraon puts rice and grains and sacrifical blood.

In case of any disease or sickness or misfortune a "deora" will invariably be called. The sickness is the work of a devil who must be placated. The "deora" who fixes the sacrifice-fee according as the house is rich or poor, will always finish his job by accusing someone of having introduced the devil into the house. An example will illustrate the above.

Jagdu's daughter died. This was the sixth life to die in Jagdu's house in two months' time. One jackfruit tree had withered, so had a mungasag-tree. Two pigs, kept to be sold for cash, had been taken by a leopard. The other two lives were those of Jagdu's old mother and now that of his small daughter. There *was* a devil in the house.

The courtyard, therefore, was cleansed and then besmeared with

cow dung. A white circle was drawn and a fire laid in the middle of it. Incense, an ax, rice and all the paraphanalia was laid out. At nightfall, the family gathered, the "deora" flanked by his colleagues seated himself before the little fire and the 'tamasha" was on. First came a kind of litanies to all the spirits of Chota-Nagpur, those of the North, those of Ramgarh, those of Sonpur, etc., etc. Each invocation was repeated by all and each time incense was offered to the called-for spirit. Then the cocks were sacrificed and all sat down to a sacrificial meal followed by a good pot of rice beer.

Followed the night ceremonies. The "deora"' took hold of a porcupine quill that acts like a divining rod and will indicate the hide-out of the devil. His colleagues got going on their drums and kept up a special staccato, whilst the "deora" worked himself, little by little into a state of frenzy. Soon the whole house was filled with the din of drums and the guttural invectives of the "deora" who inveighed against the devil with the special words in his vocabulary. By dawn everyone was pretty well tired out and the exercise was interrupted until the next night. Then the whole thing started over again. For Jagdu's case it was during the third night before sunrise that the porcupine quill started vibrating and that the devil's hide-out was discovered. It was in a "singi" under the door-sill. A "singi" is a hollow corkscrew-like iron peg which is filled with some grains of rice, some small pieces of bone, some sacrificial blood, and houses a devil.

Of course, the "deora" had ample time and opportunity to plant his "singi", but the blame was put on some individual, who was known to be at loggerheads with the master of the house. Before sunrise the "singi" was taken out on a decorated string bed to the accompaniment of drums and shouts. At a stream, the last big sacrifice was performed and then everyone returned by another road to the house. The bad spirit was left to get into any passerby who may chance that way.

This particular puja had cost Jagdu, nine fowls, three small he-goats, one big he-goat and rupees 30 ($10). The rice was not counted.

The case of Jagdu is a typical one, yet there are many variations on the same theme. Some enemies of yours have the power to throw a "bann" on you, i.e. they blow some grains of rice, bones and blood, containing a devil, straight into your knee, which, of course, starts paining, or into any other part of your anatomy which will

Children watch the "deora" at work.

start aching. When called for such a hidden pain, a "deora" is never in a hurry. He will hang about the village for two or three days before starting to strengthen the patient's faith in him. The "deora" will recall some family events of former days which he has time to pick up in the village. "Your grandfather was mauled by a tiger or your grand-uncle was lame in one leg." The "deora" has also ascertained who is disliked in the village. After the customary sacrifices he will announce that a "bann" has been thrown, consisting of three grains of rice and two pieces of bone. The "deora" will then wash his mouth and with much show of superhuman effort start sucking at the diseased limb. Soon from his mouth come the foretold grains and bone. The "deora" then drowns the devil in a pot of liquor and rice beer, after which follows the finding out of the culprit.

Happy Christian children, Mandar.

The hatred and enmity sown in Ouraon villages by such practices is really devilish. Men are ostracised, old women are done away with, and incredible humiliations are imposed on those that are supposed to have thrown the "bann".

In Udaipur, I witnessed a village sacrifice in a tribal village. It lasted for eight consecutive nights. There was smallpox, so the villagers had called famous "deoras" from far-away Sirguja. On the last night they stuffed themselves with so much half-cooked meat that the head "deora" died before sunrise. The village reacted as follows: "We are cursed with a terrific devil, he even eats the head 'deora'."

The gift of Faith, that brings any convert into the Church, is the only thing that also brings an Ouraon to relinquish his faith in the devil and to believe in Jesus Christ. And that Faith is a free gift of God, obtained only through much prayer and sacrifice. *"Spiritus ubi vult spirat."* God's Spirit touches souls wherever He wills. He surely likes the simple, child-hearted Ouraons.

LOTS FOR LITTLE SHOP

The aim of the shop is to utilize used things, or things no longer wanted or needed, and through their sale, change them into the "gold of charity." If you wish to participate in this work, and live in the N. Y. area, phone TR 9-3498 and they will pick up usable clothing, china, books or anything else you wish to give. Or, if you have time, they can use volunteers. One day a week, or even a few hours would be greatly appreciated. The shop is located at 1343 Third Avenue. Medical Mission Sisters are one of the beneficiaries of the shop.

Emergency!

Sr. M. Evelyn, M. T.

"An emergency has just come in. Sr. M. Barbara would like a STAT blood count. A Mussalman fell off a moving truck. It is hard to tell if he is in shock or if he has some internal injuries. He is in the Men's Ward, Sister."

When I arrived at his bedside, Sr. M. Colette was beginning an I.V. so Sister first drew a little blood in a syringe for me, saying at the same time, "His pressure is 40 over nothing."

When I took the report to Sr. M. Barbara, M.D.—it was normal in every way. Sr. M. Barbara remarked, "If it is not shock, then I think he has ruptured a kidney or his spleen. But we can't operate until his pressure comes up. What I can't figure out is the pain in his lower left chest that he complains about. Sister, check his urine for red blood cells. Maybe that will give us the answer."'

"No red cells in the urine, Doctor," I reported.

"Well that rules out the kidney. His sons have gone to Ranchi for blood donors. I'm afraid we can't wait for them. Sr. M. Colette tells me that his pressure is up. His pulse is so rapid and he has such a look of anxiety about him that I'm sure he is bleeding internally. Sister, would you please call Dr. Shortt and he can assist me."

Dr. Shortt was teaching Anatomy class to the nurses when I located him. He left immediately for the O.R. I returned to the lab to type

the patient. Then I went back to the O.R. to check his hemoglobin, if it had dropped that would be a sure sign of hemorrhaging. The doctors had just begun to operate but I took it anyway. As soon as Sr. M. Barbara had incised the peritoneum, blood poured out.

"Sister, I have to have blood right away!" she exclaimed.

"I'm an "O" and I'll give it."

"All right, but HURRY!"

I ran to the dispensary (yes, I ran) and got Sr. M. Scholastica, M.D. She took a pint from me and went to start it immediately. The surgeons were working frantically to find the spleen and stop the flood. Then I went to the Women's Ward and asked Sr. M. Pius, another "O", if she would give. We hurried back to the O.R. I took a pint from her and Sr. M. Scholastica started it in his foot—he had fluids going in one arm and blood going in the other. The entire operation only took one hour and the patient was holding his own.

As the Doctors were pulling off their gloves, in came Sr. M. Dennis with a big pitcher of ice cold lemonade. "Come and have something to drink," she invited. Needless to say, no one refused.

"What threw me off,"' said Sr. M. Barbara as she poured the lemonade into the tall glasses, "was the pain in his chest. Now I know it was from the pressure of the blood against the diaphragm."

Later I read the hemoglobin that I had taken just before the fireworks began. It had dropped five grams, that is from 76% to 48% and he only got 1,000 cc. of blood. And he is alive to tell the tale. His spleen looked as if someone had sliced it open with a knife. He was discharged six weeks later.

May They Rest In Peace

Please pray for our recently deceased benefactors and friends

Most Rev. Edward J. Kelly, D.D., Boise, Idaho

Rev. Robert J. Anthony, Eden, Wisconsin

Rev. Edw. L. Curran, Willow Grove, Pa.

Rev. James C. Devers, Malvern, Pa.

Rev. John G. Fallon, E. Lansdowne, Pa.

Rev. John A. Kilian, S.J., Detroit, Michigan

Mr. M. Alfafara, Cebu City, P. I. (Father of Sisters M. Angelina and Domitilla, S.C.M.M.)

Mrs. George Bauer, Phila., Pa.

Mr. Charles Becker, Appleton, Wisc.

Mrs. Ida M. Cosby, Richmond Va.

Mrs. Charles P. Donnelly, Phila., Pa.

Mrs. Rose Eckerle, Lemay, Mo.

Mrs. J. Ferraro, So. Ozone, N. Y.

Mr. Joseph Fox, Bellaire, N. Y.

Mrs. J. Geierman, Maybee, Mich.

Mr. Joseph F. Haly, Philadelphia, Pa.

Miss Anna L. Hanley, Providence, R. I.

Miss Maude Helson, Detroit, Mich.

Miss Clara Herpel, Wooster, Ohio

Mr. William Jordan, Spokane, Wash.

Miss Regina Lee, Phila., Pa.

Mrs. John J. Leipert, Philadelphia, Pa.

Mrs. M. McInerney, Holis, N. Y.

Mrs. Ella Montgomery, Arlington, Va.

Mrs. Margaret Mooney, Philadelphia, Pa.

Mrs. Anna Polter O'Brien, Erie, Pa.

Mary Jane O'Loughlin, Wash.. D.C.

Miss Eliz. O'Sullivan, Cork, Eire

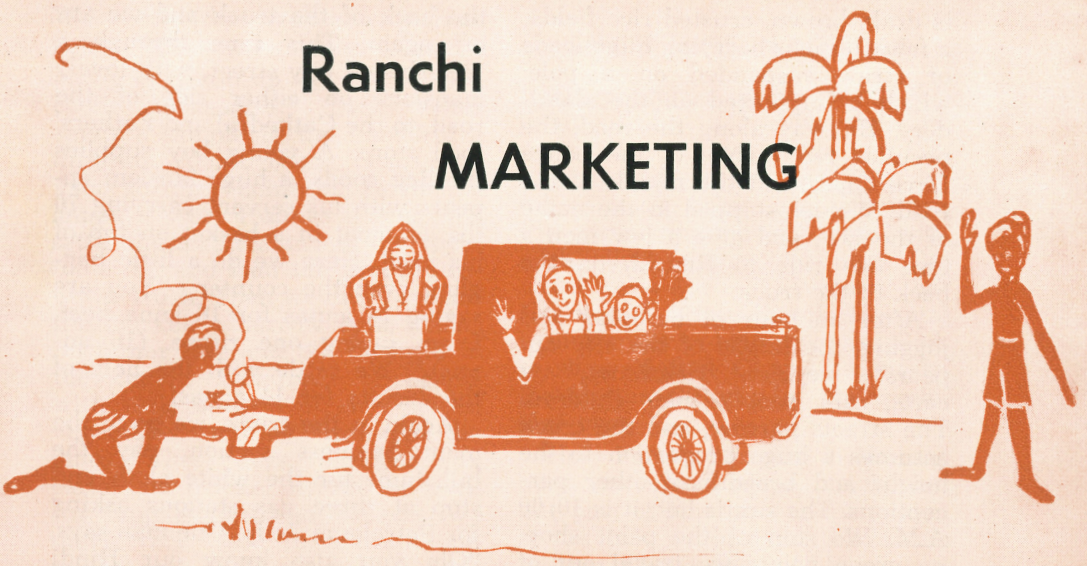
Mrs. Mary Petonyak, Westport, Pa. (Mother of Sr. M. Carmel, S.C.M.M.)

Mr. John Quill, Fairoaks, Pa. (Father of Sr. M. Ambrose, S.C.M.M.)

Mr. Wm. Schuetze, New Britain, Conn.

Miss M. Struniewski, Mt. Carmel, Pa.

Ranchi MARKETING



Sr. M. David, R. N.

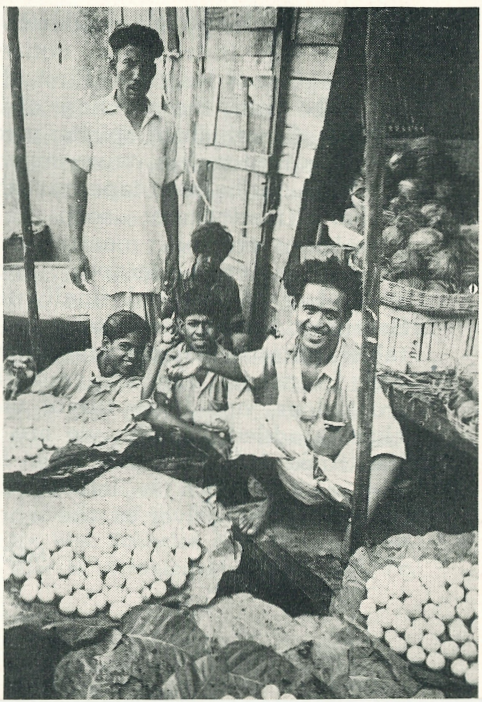
TO RIDE from Mandar to Ranchi is real work! The decision is made early in the morning, the nun's hour, 7:00 A.M. Then preparations begin. The driver is called and his assistant. Word spreads through the hospital compound — RANCHI. Instructions, notices, lists, begin and lengthen. First, the bill to be paid; the purchase of 20 gallons of methylated spirits; medicines: streptomycin, aureomycin, omnopon, adhesive tape; at the Father's food store: soap, salt, ghee, mustard oil, meat; paint, welding material (scrapes); then a big bag of dal, and finally the Saturday farmers' market: vegetables, potatoes, onions, and greens and fruits. On the way out the front door, one large tin of vaseline is added. Finally, we are in the truck. A bag for dal, a pan for the meat (which is left in the driveway, the driver at the wheel and his assistant (doorman, mechanic, and cranker for the huge old truck), and myself in the front. We drive as far as the gate, a last shrill announcement to the Mandar world that we are leaving. I can only picture the great Cunnard, "Queen Elizabeth," pulling out of the 72nd Street pier in New York. The doorman runs for the 100 gallon can for the spirits; it has to be emptied. Meanwhile the engine gets cold and stops. The truck, a huge gray and maroon transport affair, is cranked, and the purr of the motor sounds again. This time we reach the other side of the green picket gate, still far inside the compound. Money and a slip for PZI Insulin come in the window! Finally with a Sign of the Cross, we are on the highway. The ride is one hour, the engine purrs rather noisily and conversation is impossible. The scenery

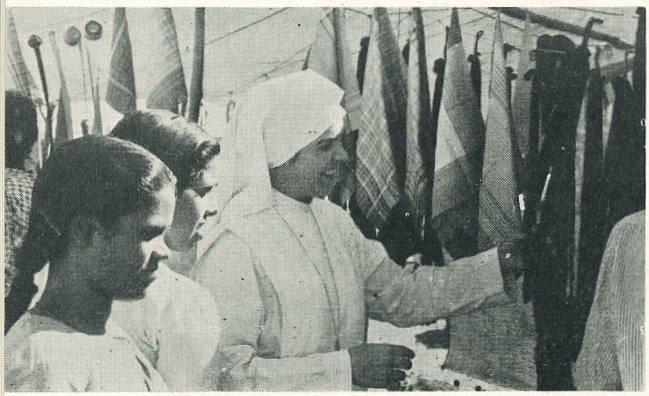
is drab, brown, crusted rice fields; a few Ouraons carrying huge loads of straw suspended on a pole, which is supported on the shoulders. Halfway along the road, the peculiar red turban of the police force appears in the middle of the road. We are stopped in the name of the law, and give a few men a free bus ride to Ranchi, on the back of the truck.

After an hour of bumping and jogging, the hustle of the city appears: bicycles, rickshaws, ox carts, cars, people, men, children. The streets narrow, and the truck assumes a huge proportion to the height and breadth of other perceptions. The sun is hot, it is 10:00 A.M. We stop at the paint shop, no green paint; we travel out of the city to the distillery and here, amid the smell of hops fermenting are asked to wait. The driver walks around impatiently. The Officer in Charge appears. Do I have 72 rupees to pay? I say smilingly, "Yes, I think I do." The 20 gallons of spirit are placed in the can on the back of the truck and we are off again. This time through a tree-shaded city street, with lovely mansions on either side of the road, to the Cathedral and Fathers' food store. A young boy supplies the dry goods, a huge Moslem appears with his servant carrying 70 lbs. of meat in a basket on top of his head. Here we do a little haggling over the counter: "You are saying 14 annas for 16 anna beef. I am saying one rupee (16 annas)." We settle with the help of the Jesuits for 14 annas!

Again in the truck, we go to the main business section, pay the bill, hunt for the white cloth and stop at three gas stations asking for Petroleum Jelly. One man says, "Oh, you also know our Hindi language." He has heard my "achcha" (okay in American). So he produces his type of jelly, just plain car grease on the end of a long pipe! I say, "Sorry, no thanks." Each stop means cranking the truck, and turning corners, and keeping with the city traffic.

Will you have a sample of our vegetables today?





Sr. M. Pius and the nurses examine hair ribbons at the bazaar in Mandar.

We reach the vegetable market next. The little seven-year-old coolie boys run up to you, "Coolie, coolie memsahib." Each seller sends a sample in the hands of a different coolie, beets, beans, onions, turnips, kohlrabi, carrots, 6 annas a seer, 4 annas a seer. We settle the mathematics of the vegetable bill and load the produce into the truck. Then we drive around the market, a narrow lane, drains on either side and big business in the center. Hundreds of people with little baskets of rice, spices, vegetables, milling through the lanes. Flies, dogs, children, ox carts, and trucks, parked for loading supplies to distant villages. We move very close to a drain and try to pass another truck. A Sikh stops traffic, motions with a great gesticulations, "Forward, a little to the front, more to the side." Little naked boys stop playing, look at the white faces, and frightened, run away into the crowds. We are only a few inches from the side of the other truck, and almost in the drain. We race out to the wide open country road, breathe the fresh, country air, and drive thankfully home — to Mandar, and the hospital.

thing—a sterile towel, an "M.D." in attendance, a hospital delivery room—these things made her fortunate and unlike millions of others whose babies are born upon the earth, unattended, some with such slight chance for life. Lal never knew nor is it necessary that she should. Holy Family Hospital is in Mandar to bring glory to God, to show Mother Church's concern for all the children of the world, Her own.

Holy Family Hospital in Mandar does not stand alone. It is but one part of Mandar's manifestation to the little world which surrounds it, that Christ lives, Christ loves, Christ continues His compassion through His Church. To the thousands of villagers, simple people, people with great trust in their hearts, Mandar with its Church and school and hospital has come to mean home for them, a place that holds promise for a better life, a healthier life and a way to eternal happiness. Mandar is for them, Christ living out His life of love and mercy amid their own fields, at home among His people.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

'AMBULANCE'—MANDAR STYLE

Sr. M. Frederic, M. D.

SR. M. DAVID, R.N., was cracking ice after Compline one evening, wielding the hammer at long intervals, when Sr. M. Barbara, M.D., passed by and asked her if she would like to go on ambulance call. The title "ambulance" is by inference only. The hospital has a Landrover (like a Jeep) with no fitting even remotely resembling the former. Immediately Sr. M. David was awake. "I've been praying for patience," she said, "Looks like the Lord thought I meant patients!"

Off they went, Sr. M. David and our driver, Brice, and the men who had come for help. "Yes, yes," the men said, "There's a good road right up to our door." Brice was dubiously silent—he knows the ways of mice and men. Sr. M. David wondered. A very ill woman lay at the end of the trail. *That* they really knew.

For some miles they rode on the main, unlighted but well-paved road to Ranchi. Soon they reached the village. "Turn here," the men said, indicating a narrow, winding lane between dark houses. Occasionally an oil lamp glowed in a doorway, but most of the houses were in darkness. Five years from now, the papers say, the electrification of rural Bihar will be a reality!

"You think the car will get through?" was Brice's dry and only comment. Sr. M. David gasped, audibly I'm sure, many times, as the fenders barely missed the walls on both sides. At least it was night and the children and the cows were in the land of Morpheus. Many weird curves were negotiated on this "good road", walls looming up suddenly, as if from nowhere.

There are no real streets in an Indian village. Motorized life was not considered in their design. Besides who would need to know a street number. The postman rarely comes. Outside contacts are few. And besides, everyone knows where everyone else lives, and everybody else's business too. The grapevine is every bit as efficient as a party line.

Finally, the men announced they were almost there, as Brice drove into a clearing full of mud and a couple of trees. A few sharp rights to avoid those trees and Brice had come as far as the car could go. The rest of the way was a walk, through several inches of muddy water—right to the door. Oh yes, the road went straight to the door. "I should have known," groaned Sr. M. David looking down at her white shoes.

Once at the house, the men stayed outside and Sr. M. David walked past the animals in the first room, to the adjoining room where the sick woman lay on a charpoi (string bed). With her were at least 12 other

women. Rhadha had a very high fever. But besides that, she was two months from term. Sr. M. David and the women picked her up on the cloth she lay on to transfer her to another charpoi outside. And the men carried the charpoi to the car. Then once again the women lifted the lady and the cloth into the car. There was a great scramble to help. And only after all eight of the helpers squatted in the back of the car beside the sick woman was it clear why! Of course, everyone wanted to go to the hospital—just for the ride!

Actually one of the helpers was as ill as Rhadha. Sr. M. David now had two patients instead of one. Like most hospitals in India, we have the "sathi system". One relative or friend (sathi), of the same sex, may stay—all 24 hours—with the patient in the ward. So four women came back to the hospital with Sr. M. David—two patients, two sathis. It was all in form.

The diagnosis? You've guessed —malaria. Now that the monsoon is almost over, the number of malaria patients is on the increase. Back in June we might have had three patients in the women's ward with malaria at any one time; now, many more. Actually, Rhadha's chills and fever with headache and general lack of well-being could be nothing but malaria till proved otherwise. And the laboratory confirmed the diagnosis by reporting *P. falciparum* on the smear—the most dangerous type of malaria, and the most prevalent in this region. It is often called malignant tertian fever because it sometimes has very serious complications, like cerebral malaria and blackwater fever.

Radha, and her friend say goodbye to Sr. M. David.

A few days on chloroquin and Rhadha and her friend were well again, weak still, but well. No more fever, and best of all for Rhadha, no premature delivery. So they got the chutti (rice and curry) they clamored for since the day the fever left them, and went home, not by ambulance, but by bus.

THE MEDICAL MISSIONARY
PHILADELPHIA 11, PA.

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MEDICAL

Planting Rice . . .

PATIENTLY this man bends over the watery earth, hour after hour, replanting his rice, in a never-ending battle for food, against the withering heat and monsoon floods, which threaten to destroy his crops.

His life and growth, and that of his family, depend on the yield of rice from these fields . . .

He needs better soil, better seeds, better implements to work with in order to multiply the yield from every acre — but he also needs medical care . . .

For in many countries such as India and China, millions die every year from water-borne diseases, acquired for the most part while working in infected water and mud—day after day. He needs medical care to cure him and knowledge to fight off the diseases that sap his energy and his very existence. This man surely needs help.

MISSION WORLD

"I am come that they may have life, and have it more abundantly."
John X, 10

Planting the Church

The Medical Missionary is interested in planting too . . . His task is to help plant the Church. Planting the Church means to make available to the people its priesthood and life-giving sacraments, its hierarchy, its works of instructions, its works of mercy.

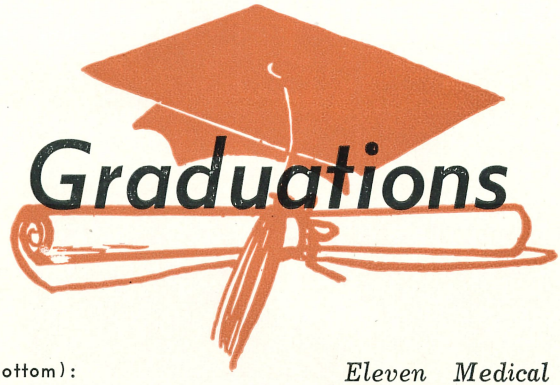
And this is the special field of the Medical Missionary . . . to care for the sick and suffering, thus showing forth the motherly character of the Church, interested in the whole man, body and soul.

The life of the Church, in one sense, depends on the health of the people, because if all the people die, the Church too dies in that region. The Medical Missionary works to make the Church a living vital part of all people, wherever it is established, until it is able to grow by itself and be "at home" in that soil.

Dieldrin sprayers kill Malarial mosquitoes. They wear goggles, respirator, etc. because it is more powerful than DDT.

(top) How a whole family catches bilharziasis . . . their feet constantly in water, while they irrigate the fields, wash the clothes, clean the pots.

Sr. M. Jeanne, R. N.
Sr. M. Martina, R. N.
Sr. M. Blaise, R. N.
St. Francis Hospital.
Hartford, Connecticut.



(Top to Bottom):

Sr. M. Claude, M. D.
Georgetown Univ., Wash., D. C.

Sr. M. Edith, M. D., Univ.
of Cologne, Germany.

Sr. M. Pascal, B. S., Nursing
Cath. Univ., Wash., D. C.

Sr. M. Jerome, B. S., Nursing
Univ. of San Francisco, Calif.

Sr. M. Maurice, R. T., X-ray
Nazareth Hospital, Phila., Pa.

Sr. M. Judith, M. S. Nursing Ed.
Cath. Univ., Wash., D. C.

Sr. M. Cuthbert, M. A. Rel. Ed.
Cath. Univ., Wash., D. C.

Sr. Maria Fidelis, M. A. Rel. Ed.
Cath. Univ., Wash., D. C.

Eleven Medical Mission Sisters were among the June Graduates of 1956. Two received the degree of Doctor of Medicine; Two a Master's degree in Religious Education, and one a Master's degree in Nursing Education. Two others received the degree of Bachelor of Science in Nursing and we have three more brand-new Registered Nurses. Last, but not least, a Registered technician of x-ray.

Commencement is always a day of joy and gratitude—for studies are long, tedious and expensive. Without many helping they realize that they could not have reached this goal.

. . . all in the day's work

"goat duty"

Cows and goats are everywhere. Here, all the little hopeful plants have to be screened in with chicken wire. A cow got into the passageway to the washrooms and couldn't get out. He couldn't turn around, so he had to be pushed out backwards. Another time a goat nibbled a good bit off the plastic table cover before he was discovered. Now the Sisters keep all the doors closed but even with that, the goats are not averse to jumping in the windows. We invited the neighbors to keep their livestock at home; perhaps, they will eventually get the idea.

Recently when we visited Jos, one of the pleasantest sights was beautiful fields of flowers. At one school there were even large gardens of roses, calla lilies and flowering vines, jasmine, etc. We marveled that the perennial African problem, the goats, permitted such lovely gardens. Mother Superior assured us that they had *eight* little girls on *goat duty* at all hours of the day to chase away the goats, otherwise there would not be any garden left. They take turns.

Sr. M. Raphael, Techiman, Africa

the price of a language

We were on our way for a picnic lunch at Kashmir Point, the experienced ones who knew the way were in front. Sr. M. Joanna and I were a half block behind when we passed a place where road repair was in process. *"Hato jaldi," "Hato jaldi,"* the men shouted. We had been in Pakistan just long enough to pay little attention when we were hollered at, as that is very common with the coolies. So with a nod we continued on our conversation and walking. The more advanced Urdu students turned around to warn us to "hurry up"—they had set off dynamite on the road above. We ran—and got out of the way just before some big rocks fell. It pays to learn the language SOON!

Sr. M. Dorothy, Karachi, Pakistan

what next?

When I arrived in the nursery recently, I was met with the piercing cry of two-week-old Amma. Turning to Janet, the senior nursery nurse, I said: "Janet, why is Amma crying?" "Sister," she replied, "It is her habit." She said it so spontaneously and sincerely that I was engulfed in laughter. Someone had been explaining to the nurses about "habits." This was the result. Really, you have to love them.

Sr. M. De Montfort, R.N., Berekum, Africa

"ya terminado"

Maria has been a member of our staff from the days when the hospital first opened. She does various and sundry jobs but her big job is to control the visitors, and this she takes very seriously. When the afternoon telephone operator is having her supper, Maria acts as *telefonista.* As soon as it nears time for the visitor's leave, Maria starts announcing loudly, *"Ya terminado,* visiting hours *ya terminado."*

The other evening I had an emergency and I was trying to call one of the Sisters who was down at Casitas where the Sisters live. After many difficulties, I decided to go down to the switchboard and there was Maria in full swing. And my presence didn't help. Finally, she got things so confused, and so many lights were flashing that for a moment she didn't know what to do. But she quickly solved the problem. She simply pulled down every plug on the board. Then she took one plug, opened her key, went from light to light, saying, *"Hallou mementico,"* until everyone hung up in sheer frustration. Calmly she put through my call and started all over again . . . *"Ya terminado,* visiting hours *ya terminado."*

Sr. M. Miguel, R.N., Maracaibo, Venezuela

LEAGUE OF GRATITUDE

Three-fold Purpose: to thank God for the priceless gift of FAITH
to help bring that gift to those in mission lands
to share in all the works, prayers and sacrifices
of the Medical Mission Sisters throughout the world.

. . . . . .

Dear Mother Dengel,

I want to become a member of your LEAGUE OF GRATITUDE. As long as I can I will send one dollar or more a month.* Please send me a monthly reminder.

Name . . . . . .

Street . . . . . .

City . . . . . Zone . . . . State . . . . . .

(*May be changed or discontinued at any time.)

MEET SISTER IGNATIUS MARIE

Sr. M. Richard, S. C. M. M.

SR. IGNATIUS MARIE is a veteran missionary. That speaks volumes to anyone with enough imagination to contrast Boston, the New England Conservatory of Music, and chemistry and poetry in Trinity College with an Indian bazar and the remote rice fields of a tiny village near Ranchi, in India's "hard luck" state of Bihar.

For 18 years, Sr. Ignatius Marie has not only withstood "the heat of the day" but has been able to help a goodly number of Indians to a healthier, happier life. Sr. Ignatius Marie loves, and is loved by so many in her adopted land.

Because the people are often poor and very simple and afraid of the unknown, it is sometimes difficult to obtain permission to keep a child in the hospital for the extra days needed to insure complete recovery. In this emergency. Sr. Ignatius Marie steps out of the pharmacy and comes to the aid of a less experienced Sister. She then does her best bit of persuasion in Hindi, in gestures, in sincere and loving exhortations. That she usually manages to convince the parents to return home without their son is no small matter in the way of accomplishments.

One night, Sr. Ignatius Marie went into her room, locked the door and switched on the light. For a moment, she was petrified, for somehow she had stepped *over* a large cobra without touching it. There was no window in the room —only the cobra between herself and the door. Slowly he raised his hood. Quick as a flash, Sister picked up a board, put her foot on the snake's tail, and in the same split second brought the board down on the snake's head with might and main. She can never explain why she stepped on his tail. According to all laws, he should have attacked her instantly —but she was too big and too quick for him. No one, not even a cobra, could scare her!

After 18 years in India, Sr. Ignatius Marie would like to return to the United States for three reasons: 1) to see her sister and her many friends, 2) to consult a reputable dentist and 3), to visit an American shoe store where it will be permissible for her to try on innumerable pairs of shoes until she finds a pair that really fits. Having accomplished her purposes, Sr. Ignatius Marie would then like to return to India "ekdam" . . . which means immediately. Sr. Ignatius Marie is a veteran missionary.

Autoclave

Field sterilizer now in use so inadequate . . . Please help . . . Berekum hospital.

Beds

For Rawalpindi, Pakistan — a mat on the floor won't do.
50 beds ..... 25.00 each

Chapel Needs

Altar linens of all kinds.

Crutches

5 pr. needed ..... $5.00 each

Doctor's Instruments

2 sponge forceps $10.00
2 pr. intestinal clamps $31.00
1 Balfour retractor $35.00
1 tuning fork $5.00
½ doz. hemostats ..... $5.00 each
Side-cutting pliers $4.50
Blood pressure apparatus $7.50
I Wappler cautery $45.00
(ask your doctor how necessary these things are)

Hospital Supplies

1 doz. hot water bags ..... $2.50 each
1 doz. dressing basins ..... $1.50 each
1 pad for O.B. table $10.00
1 aspirating suction pump unit for Techiman $120.00
Anesthesia unit for Dacca $500.00

Medicines

Heal the sick. You can do this by furnishing medicines to be used in our hospitals. Antibiotics urgently needed . . . $1.00 buys a patient a week's supply. We have thousands of patients.

Rubber Gloves

3 dozen needed ..... 1 pair 50c

Vitamins, Vitamins

The cry from all our missions.
500,000 needed for patients suffering from malnutrition ..... 1c each
You can **give** health with these.

X-ray Needs

Lead glass $26.00

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

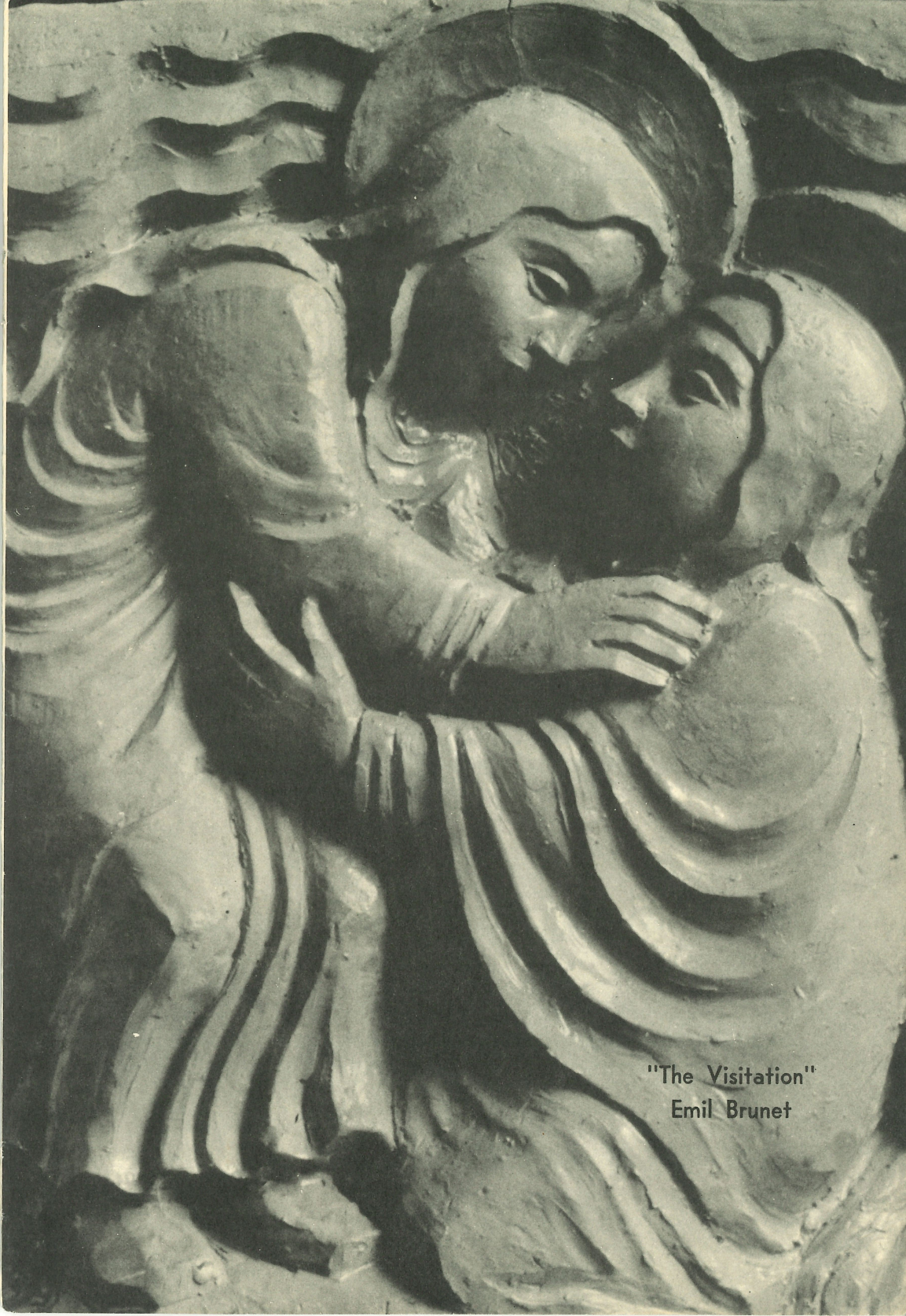
Dear Sisters:

Here are $ . . . . . for your mission Hospital needs.

Name . . . . . .

Address . . . . . .

City . . . . . Zone . . . . State . . . . . .



"The Visitation"
Emil Brunet

Home the Weary Student

Dear Friends:

Psychology, nutrition, pharmacology, pathology, nursing arts, medicine, — the nightmare of exams is over for our 30 students — for the summer.

We were happy to welcome them home to the Motherhouse for retreat and vacation, but it certainly was a job to squeeze them all in. We haven't put anyone in the dog house as yet, but we urgently need more space to provide for our growing family. Please help us in whatever way you can.

Gratefully yours in Christ,

MOTHER ANNA DENGEL, M.D.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA

Dear Mother Dengel:

I want to be a builder with you in your work. Here is $..... towards that end.

Name.....

Address.....

City.....Zone.....State.....